

## CLIENT INFORMATION

Counselor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Marital Status: \_\_\_\_\_

Ethnicity: \_\_African American \_\_ Asian /P. Islander \_\_Caucasian/White \_\_Hispanic \_\_Native American \_\_Other

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Name of Church Attending: \_\_\_\_\_

Annual Family Salary (Circle) <20K, \$21k-\$30K, \$31K-\$40K, \$41K- 50K, \$51K- 60K, \$61K-\$70K, \$ 71K-\$80K, \$81K++

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ other: \_\_\_\_\_

Email: \_\_\_\_\_ SHCC may: leave message text email

Which form of contact is preferred? Home Phone, Cell, Text Email or Regular Mail? \_\_\_\_\_

Who referred you to Safe Harbor Counseling Center? \_\_\_\_\_

### IF CLIENT IS A MINOR, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different than Client's) (Street, City, Sate, Zip Code)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
(If Different than Client's)

Email: \_\_\_\_\_ Do you check it often? Yes or No

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_